

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>01886</u> <u>1806</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing Name <u>Lawrence</u> <u>K</u> <u>Sayre</u> P O Box, Bldg. Room No. if any _____ Street <u>4009 Memphis Ave UP</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44109</u>	4 Name, file number and address of labor organization. Name <u>Teamsters Local Union No 507</u> Labor Organization File Number <u>064-048</u> P O Box, Building and Room Number if any _____ Street <u>5425 Warner Rd Unit 7</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44125</u>
5. Position in labor organization. <u>Trustee/Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any)

Name _____
Trade Name, if any _____
P O Box, Bldg., Room No. if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7 a. Nature of Interest, Transaction or Income.

7 b. Amount.

\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signature Lawrence K Sayre

On 3-28-06
Date

216-328-0111
Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Teamsters Local Union No 507 CER Fund
Trade Name if any
P O Box, Bldg. Room No if any
Street 5425 Warner Rd Unit 7
City Cleveland
State Ohio ZIP Code + 4 44125

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name Teamsters Local Union No 507
Trade Name if any
P O Box, Bldg. Room No. if any
Street 5425 Warner Rd Unit 7
City Cleveland
State Ohio ZIP Code + 4 44125

11 a. Nature of such dealing

Participant as a member of Teamsters Local 507

11 b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Participant in Charitable Educational and Recreational activities with and on behalf of members of Teamsters Local 507

12.b. Amount.

\$901

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name if any
P O Box, Bldg. Room No if any
Street
City
State ZIP Code + 4

14 a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b. Amount of payment.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Cleveland Bakers & Teamsters Health & Welfar

Trade Name if any

P O Box, Bldg Room No if any

Street 9665 Rockside Road Ste C

City Cleveland

State Ohio ZIP Code + 4 44125

9 Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b or 9.c. is checked give trust or employer's name

Name Teamsters Local Union No 507

Trade Name if any

P O Box, Bldg. Room No. If any

Street 5425 Warner Rd Unit 7

City Cleveland

State Ohio ZIP Code + 4 44125

11 a Nature of such dealing

Participation as Union Trustee as a member of
Teamsters Local Union No 507

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

All payments/remuneration relate to the 2005
Cleveland Bakers & Teamsters Health & Welfare Fund
ongoing operations

12 b Amount.

\$2 079